

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MOVE MARYLAND FORWARD

ADDRESS (number and street)

PO BOX 162



Check if different
than previously
reported. (ACC)

ANNAPOLIS

MD

21404

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00622431

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)

☐ July 15
Quarterly Report (Q2)

☐ October 15
Quarterly Report (Q3)

☐ January 31
Year-End Report (YE)

☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)

☐ Termination Report
(TER)
(b) Monthly
Report
Due On:
☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)
(Non-Election
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)
(Non-Election
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)

☐ Convention (12C)

☒ General (12G)

☐ Special (12S)

☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y
11 08 2016in the
State of

MD

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 01 2016

through

M M / D D / Y Y Y Y Y Y
10 19 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

KENNEY, J M, , ,

Type or Print Name of Treasurer

Signature of Treasurer

KENNEY, J M, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 27 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X

Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MOVE MARYLAND FORWARD

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	5150.69	
(c) Total Receipts (from Line 19)	222500.00	277600.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	227650.69	277600.69
7. Total Disbursements (from Line 31).....	99422.00	149372.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	128228.69	128228.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MOVE MARYLAND FORWARD

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	222500.00	277500.00
(ii) Unitemized	0.00	0.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	222500.00	277500.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	222500.00	277500.69
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	100.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	222500.00	277600.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	222500.00	277600.69

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5000.00	23350.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5000.00	23350.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	94422.00	125922.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	100.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	99422.00	149372.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99422.00	149372.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	222500.00	277500.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	222500.00	277500.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5000.00	23350.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5000.00	23350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MOVE MARYLAND FORWARD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COMM - FOODS INC

Mailing Address 601 S CAROLINE ST

City
BALTIMORE

State
MD

Zip Code
21231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period

7500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVCO RESTAURANTS INC

Mailing Address 1637 CROFTON BLVD

City
CROFTON

State
MD

Zip Code
21114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOULD, MARY T, , ,

Mailing Address 7861 MURRAY HILL RD

City
LAUREL

State
MD

Zip Code
20723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

117500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MOVE MARYLAND FORWARD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEIST PROPERTY LLC

Mailing Address PO BOX 703

City
OWINGS MILLState
MDZip Code
21117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2016

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THE P&L COMPANY

Mailing Address 112 WESTMINSTER RD

City
REISTERSTOWNState
MDZip Code
21136FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

105000.00

TOTAL This Period (last page this line number only)..... ▶

222500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MOVE MARYLAND FORWARD

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANYMailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806City
ARLINGTONState
VAZip Code
22206Purpose of Disbursement
CONSULTING - ACCOUNTING & COMPLIANCE

001

Category/
Type

Candidate Name

MOVE MARYLAND FORWARDOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		07		2016

FEC Identification Number

C C00622431

Transaction ID : SB21B.4178

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

5000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MOVE MARYLAND FORWARD	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00622431 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	

Full Name of Payee <input type="checkbox"/> Memo Item BALTIMORE WASHINGTON BILLBOARDS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 07 / 2016</div>	
Mailing Address 1360 RITCHIE HIGHWAY			Amount <div style="border: 1px solid black; padding: 2px;">16000.00</div>	
City ARNOLD	State ME	Zip Code 21012	Transaction ID : SE.4143 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 05 / 2016</div>	
Purpose of Expenditure BILLBOARDS			Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate: SZELIGA, KATHY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MD	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">73564.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item EMPIRE BROADCASTING SYSTEMS INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 10 / 2016</div>	
Mailing Address 179 ADMIRAL COCHRANE DRIVE			Amount <div style="border: 1px solid black; padding: 2px;">7100.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.4152 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 06 / 2016</div>	
Purpose of Expenditure RADIO ADS (10/10 - 10/23/2016)			Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate: SZELIGA, KATHY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MD	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">106741.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">23100.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KENNEY, J M, , ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MOVE MARYLAND FORWARD				FEC IDENTIFICATION NUMBER ▼ C C00622431	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee EMPIRE BROADCASTING SYSTEMS INC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016		
Mailing Address 179 ADMIRAL COCHRANE DRIVE			Amount 800.00		
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.4154		
Purpose of Expenditure RADIO ADS (10/10 - 10/23/2016)		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2016		
Name of Federal Candidate: SZELIGA, KATHY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee GO BIG MEDIA INC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2016		
Mailing Address 1350 CONNECTICUT AVE NW SUITE 400			Amount 3000.00		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.4130		
Purpose of Expenditure RADIO AD PRODUCTION		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016		
Name of Federal Candidate: SZELIGA, KATHY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			3800.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature KENNEY, J M, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MOVE MARYLAND FORWARD				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00622431 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>					
Full Name of Payee <input type="checkbox"/> Memo Item GO BIG MEDIA INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 10 / 2016 </div>		
Mailing Address 1350 CONNECTICUT AVE NW SUITE 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3500.00 </div>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.4149 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 06 / 2016 </div>		
Purpose of Expenditure RADIO AD PRODUCTION		Category/ Type 004			
Name of Federal Candidate: SZELIGA, KATHY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MD		
Calendar Year-To-Date Per Election for Office Sought 77064.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item HEARST RADIO			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 05 / 2016 </div>		
Mailing Address 3800 HOOPER AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12830.00 </div>		
City BALTIMORE	State MD	Zip Code 21211	Transaction ID : SE.4137 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 03 / 2016 </div>		
Purpose of Expenditure RADIO ADS (10/5 - 10/31/2016)		Category/ Type 004			
Name of Federal Candidate: SZELIGA, KATHY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MD		
Calendar Year-To-Date Per Election for Office Sought 57564.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">16330.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
KENNEY, J M, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MOVE MARYLAND FORWARD				FEC IDENTIFICATION NUMBER ▼ C C00622431	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee HEARST RADIO			<input type="checkbox"/> Memo Item		
Mailing Address 3800 HOOPER AVE			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 07 / 2016		
City BALTIMORE		State MD	Zip Code 21211		
Purpose of Expenditure RADIO ADS (10/07 - 10/31/2016)		Category/ Type 004		Amount 6940.00	
Name of Federal Candidate: SZELIGA, KATHY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			84004.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee HEARST RADIO			<input type="checkbox"/> Memo Item		
Mailing Address 3800 HOOPER AVE			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016		
City BALTIMORE		State MD	Zip Code 21211		
Purpose of Expenditure RADIO ADS (10/15 - 10/31/2016)		Category/ Type 004		Amount 6940.00	
Name of Federal Candidate: SZELIGA, KATHY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			125922.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			13880.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature KENNEY, J M, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MOVE MARYLAND FORWARD				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00622431 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item IMAGINE IT DESIGNS				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 10 / 07 / 2016 </div>	
Mailing Address 100 TEAL LN #34				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15637.00</div>	
City LAFAYETTE		State LA		Zip Code 70507	
Purpose of Expenditure CONCEPT; CREATIVE & PRODUCTION FEES				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SZELIGA, KATHY, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">99641.00</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	
Full Name of Payee <input type="checkbox"/> Memo Item WCBM-AM RADIO				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 10 / 11 / 2016 </div>	
Mailing Address 1726 REISTERSTOWN RD SUITE 117				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8101.00</div>	
City BALTIMORE		State MD		Zip Code 21208	
Purpose of Expenditure RADIO ADS (10/11 - 10/21/2016)				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SZELIGA, KATHY, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">115642.00</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">23738.00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(a) SUBTOTAL of Unitemized Independent Expenditures</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(a) TOTAL Independent Expenditures</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KENNEY, J M, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-between;"> 10 / 27 / 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MOVE MARYLAND FORWARD				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00622431 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 05 / 2016 </div>	
Full Name of Payee <input type="checkbox"/> Memo Item WERQ-FM			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 05 / 2016 </div>		
Mailing Address 1705 WHITEHEAD RD			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7650.00 </div>		
City GWYNN OAK		State MD	Zip Code 21207	Transaction ID : SE.4132 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 03 / 2016 </div>	
Purpose of Expenditure RADIO ADS (10/5 - 10/31/2016)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SZELIGA, KATHY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">42150.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item WNAV RADIO			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 10 / 2016 </div>		
Mailing Address 236 ADMIRAL DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3340.00 </div>		
City ANNAPOLIS		State MD	Zip Code 21401	Transaction ID : SE.4156 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 07 / 2016 </div>	
Purpose of Expenditure RADIO ADS (10/10 - 10/22/2016)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SZELIGA, KATHY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">118982.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;">10990.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KENNEY, J M, , ,</u>			[Electronically Filed]	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MOVE MARYLAND FORWARD				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00622431 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶				New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>										
Full Name of Payee WOLB-AM			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 05 / 2016 </div>									
Mailing Address 1705 WHITEHEAD RD			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2584.00 </div>		Transaction ID : SE.4136									
City GWYNN OAK		State MD	Zip Code 21207	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 03 / 2016 </div>										
Purpose of Expenditure RADIO ADS (10/5 - 10/31/2016)			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 004 </div>											
Name of Federal Candidate: SZELIGA, KATHY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD									
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 44734.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶									
Full Name of Payee			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>									
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2584.00 </div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>									
City		State	Zip Code											
Purpose of Expenditure			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 004 </div>											
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____									
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 44734.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">2584.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;">2584.00</td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;">94422.00</td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	2584.00	(a) SUBTOTAL of Unitemized Independent Expenditures	▶	2584.00	(a) TOTAL Independent Expenditures	▶	94422.00
(a) SUBTOTAL of Itemized Independent Expenditures	▶	2584.00												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	2584.00												
(a) TOTAL Independent Expenditures	▶	94422.00												
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature KENNEY, J M, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>		[Electronically Filed]									